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APPLACATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKER TWO CONFIRMATIONNO. 09/936,024 09/07/2001 Gerild Wayne Becker X-12799 9679 TITLE OF INVENTION: FLINT POLYPEPTIDE ANALOGS APPLA TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE BUE nonprovisional NO \$1330 \$11/23/2004 EXAMINER ART LINIT CLASS-SUBCLASS O HARA, EILEEN B 1646 433-09510 1. Change of correspondence address (or Change of Correspondence Address Tendential Correspondence Address Indication of "Fee Address" Indication form Whather is required. The required feel of the State of Castomer Pro-1058 122) stanshed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PLEASE NOTE: Unless an assignment is a magnine in sidentified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE CITY and STATE OR COUNTRY) E11 Lilly and Company Flease check the appropriate assignee category or categories (will not be printed on the patent): Individual of Corporation or other private group entity Government and The Country of State of the Country of State of the Country of State of Country of Country of State of Country	11/09/2004 MAHMED2 00000	108 050840 0993602	\$		LINI	··· ··· · · · · · · · · · · · · · · ·		
Oly35,024 09/07/2001 Gerild Wayne Becker X.12799 9679 TITLE OF INVENTION: FLINT POLYPEPTIDE ANALOGS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEEIS DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 11/23/2004 EXAMINER ART UNIT CLASS-SUBCLASS O HARA, EILEEN B 1646 435-06510 Change of correspondence address or indication of "Fee Address" and address of our PTO/SB/122) attached. To the name of a single firm (having as a member of agents OR, alternatively, and a sequence of correspondence address of memory of magnetic data sequence of the name of a single firm (having as a member of agents OR, alternatively, and a sequence of the name of a single firm (having as a member of agents OR, alternatively, and a sequence of the name of a single firm (having as a member of agents OR, alternatively, and a sequence of the name of a single firm (having as a member of agents OR, alternatively, and a sequence of the name of a single firm (having as a member of agents OR, alternatively, and the name of a single firm (having as a member of agents OR, alternatively, and the name is listed, on a name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assigner is identified below, no assigner data will appear on the patent. If an assigner is identified below, the document has been filed for recordation as set forth in 3 TCR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Indianapolis, Indiana Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Of Corporation or other private group entity Government and The following feets) are enclosed: (B) Issue Fee Publication Fee (No small entity discount permitted) (B) Advance Order - Not Copies 7 (C) the names of up to 3 registered patent attorney or agent. If no name is listed patent. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (C) the names of up to 3					Journ	2 2	10	
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: Ab. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies	PLEASE NOTE: Unless	an assignee is identified be	elow, no assignee do of this form is NOT	ata will appear on a substitute for filir	the patent. If an assign g an assignment.		document has been filed for	
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